



# AUTHORIZATION FOR PRESCRIPTION & NON-PRESCRIPTION MEDICATION

**PARENT'S INSTRUCTIONS:**

1. No medication shall be given by childcare personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name and medication directions written on the label.
2. Nonprescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.
3. Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

**CHILD INFORMATION**

Child's Name:		Age:	
---------------	--	------	--

**RECORD OF MEDICATIONS GIVEN**

**MEDICATION #1**

Medication Name:		Dosage:		Time to be Given:	
------------------	--	---------	--	-------------------	--

DATE	TIME GIVEN	STAFF SIGNATURE

**MEDICATION #2**

Medication Name:		Dosage:		Time to be Given:	
------------------	--	---------	--	-------------------	--

DATE	TIME GIVEN	STAFF SIGNATURE

This authorization form must be maintained and is only valid for the duration of the prescription.

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Date